

19034

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 22 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rt. 1. Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

LOUIS J. LATTNER

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 2, 1877.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 15 hr. min.

9. Birthplace St. Louis, Mo.,
(City, town, or county) (State or foreign country)

10. Usual occupation Book-Binder, Ret. 5 yrs.

11. Industry or business

12. Name Henry Lattner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kaine
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda Lattner
(b) Address Rt. 1. Creve Coeur, Mo.,

17. (a) Burial (b) Date thereof 5/20/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Hubert Berg Montmarquet
(b) Address 2842 Meramec Street

19. MAY 20 1943 (b) C. H. McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rt. 1. Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 9. minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1 - 1943 to May 17 1943
that I last saw him alive on May 17 - 1943
and that death occurred on the date and hour stated above.
Immediate cause of death.

Coronary Occlusion
Anterior Sclerotic

Due to Anterior Sclerotic
Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 94a
Of autopsy 94a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature F. L. Fisher (d) Date signed 5-18-43
Address 1321 Midland

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank Proke....., Registered Apprentice No. 339
working under my personal supervision.

Signed William J. Hinson

Licensed Embalmer No. 4319

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.